

MULTIPLE DEPEN.
CLM
FEE CALCULATION SHEET
(FOR USE WITH FEE SCHEDULE PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	12	↔		↔		↔
TOTAL CLAIMS	13	████████	████████	████████	████████	████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		████████	████████	████████	████████	████████